

POSITION	ID NO.	DATE
CLASSIFIER	12	11/30/94
EXAMINER	340	1-4-95
TYPIST	320	1-6-95
VERIFIER	204	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
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Claim	Final	Original	Date
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SYMBOLS
 ✓ = (Through numbers) ☐ Rejected
 - ☐ Allowed
 + ☐ Restricted
 M ☐ Mis-evaluated
 I ☐ Interference
 A ☐ Appeal
 O ☐ Object